Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN5040AGC	A. BUILDING _____ B. WING _____	08/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALENA CARE	1756 KODIAK CIR RENO, NV 89511

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual grading survey conducted in your facility on 8/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of C. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, eight Category I and two Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Based on record review on 8/2/10, the facility failed to ensure 2 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #2 and #3). Severity: 2 Scope: 2	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 8/2/10, the facility failed to ensure 3 of 3 employees met background check requirements of NRS 449.176 to 449.188 (Employee #1, #2 and 3 - fingerprints belong to prior employer). Severity: 2 Scope: 3	Y 105		
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is	Y 106		

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Y 106	Continued From page 2 currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure that 2 of 3 caregivers (Employee #2 and #3) had completed training in first aid and cardiopulmonary resuscitation (CPR). Severity: 2 Scope: 3	Y 106		
Y 357 SS=D	449.222(7) Bathrooms and Toilet Facilities NAC 449.222 7. Each resident must have his own toilet articles and must be provided with toilet paper, individual towels and wash cloths. Paper towels may be used for hand towels. The towels and wash cloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap. This Regulation is not met as evidenced by: Based on observation on 8/2/10, the facility failed to provide hand or paper towels in the upstairs/hallway bathroom and failed to provide soap in the master-bedroom bathroom. Severity : 2 Scope : 2	Y 357		

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Y 920	Continued From page 3	Y 920		
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 8/2/10, the facility failed to ensure that medications belonging to 6 of 6 residents were secured (Residents #1 - #6, medication cabinet unlocked). In addition, over the counter PRN (as needed) medications were stored in an unlocked cabinet above the dryer. Severity: 2 Scope: 3	Y 920		

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Y 936	Continued From page 4	Y 936		
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 8/2/10, the facility failed to ensure 3 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, #4 and #5). Severity: 2 Scope: 2	Y 936		